

Open Enrollment—Benefits Self Service

Step by Step Instructions

Step 1

Log into PRISM

- Click on [ACGA Employee Self Service](#)
- then click on [Benefits](#)



Step 2

Welcome page: You **MUST** add eligible dependents and/or people you wish to designate as beneficiaries **HERE**. All of your enrollment options are based on the people on this list.

If you wish to add a dependent click on **ADD ANOTHER PERSON**.

If all of your eligible dependents are on the list click on **Next** and skip to Step #5.

Welcome to Employee Benefits Self Service

Open Enrollment for FY2018 occurs 8:00 am May 10, 2017 - 11:59 pm May 24, 2017.

Use this page to update and/or confirm your contacts whom you wish to:

- Enroll in medical and/or dental benefits; or,
- List as a beneficiary for your life insurance; or,
- Identify as your emergency contact.

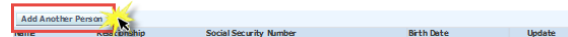
A person MUST be listed below to be enrolled in your health/dental plan or designated as a life insurance beneficiary.

If a contact is **NOT** listed below, you can add the person by clicking the Add Another Person button halfway down this screen and following the prompts.

Additional Information:

- You need to provide a Social Security Number (SSN) for any dependent you enroll in a County Medical plan in accordance with federal law. (You do not need to include the SSN for a person who is a life insurance beneficiary only).
- If you do not have all the information for your dependent(s) you may add them now and use the update icon at a later time to complete any missing/changed information.

If you need assistance, please contact the Benefits Team x3500, option 1 or email benefits@arlingtonva.us.



Step 3

Adding a new dependent/beneficiary:

Fill out the information for your additional dependent/beneficiary

Note:

- For **Relationship Start Date** enter *your hire date or the date the relationship started*, whichever is the later date.

Click on **Apply** at the bottom of the page.

Please complete the following information for each dependent/contact:

- You must enter a **Date of Birth AND Social Security Number** for every dependent (including your spouse or adult dependent)
- If you are covering dependent children between the ages of 19 and 26, select **Child** as their Relationship.
- **Relationship Start Date** is the later of your hire date or the date the relationship started.

EXAMPLE: Your Date of Hire is February 15, 2013. You are married when you come to work here and have a 3 year old. The relat have a baby January 3, 2014, the relationship start date is January 3, 2014.

• Indicates required field

Name and Relationship

• Relationship

Relationship Start Date (example: 15-May-2013)

Title

• First Name

Middle Name

• Last Name

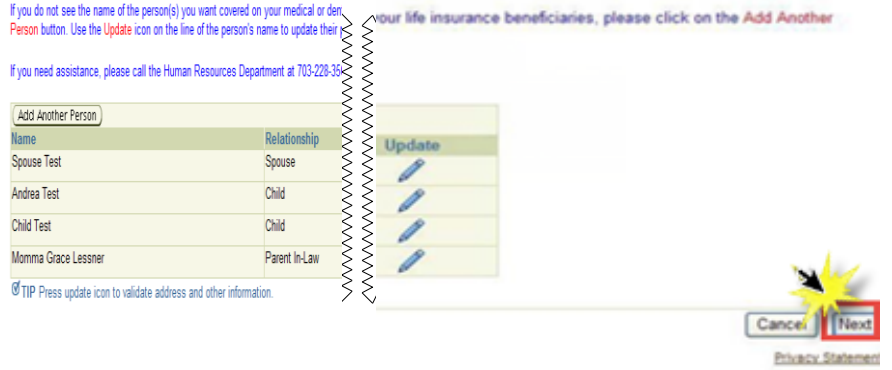
Suffix



Step 4

You will now see your list again with the dependent (s) added.

Click on **Next**.

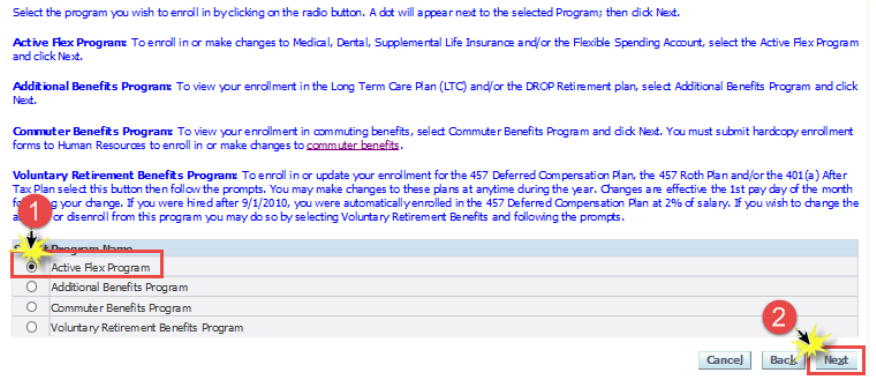


Step 5

Choosing your benefits:

Select **Active Flex Program** from the list to begin the Open Enrollment election process.

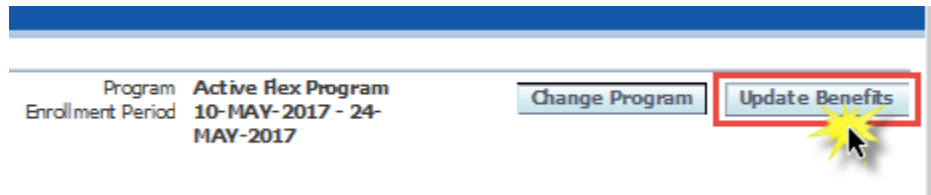
Click on **Next**.



Step 6

Benefits Selections show your current elections, including benefits in which you are automatically enrolled.

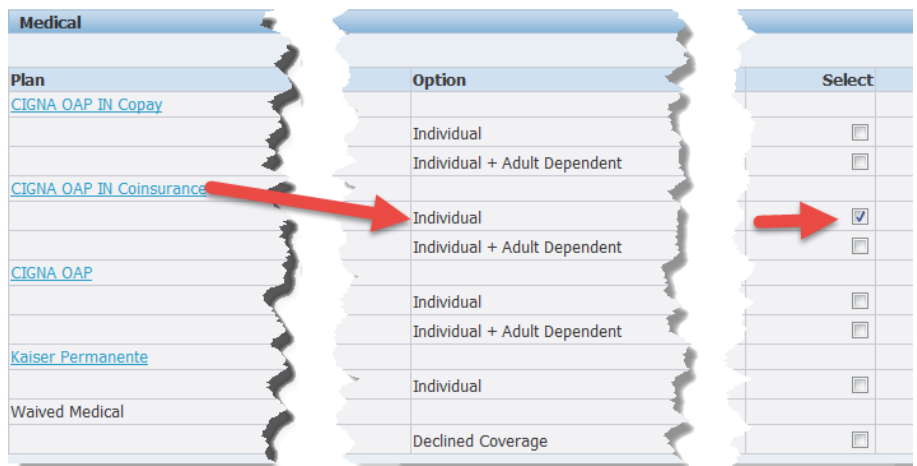
If you need to change plans, add a dependent, change a beneficiary, re-enroll in FSA, click on **Update Benefits** at the bottom of the screen.



Step 7

Select the medical plan option you wish by checking a box under **Select**.

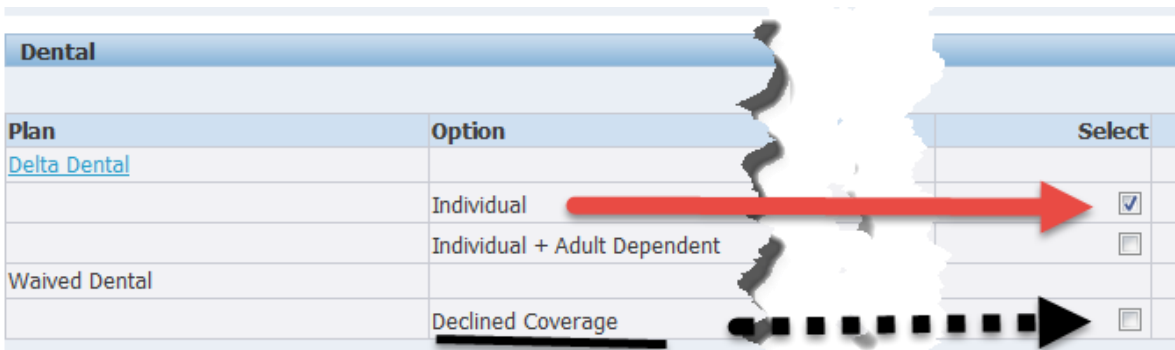
If you do not want to enroll for a medical plan, you must check the "Declined Coverage" box at the bottom.



Step 8

Scroll down. You will see your current dental enrollment information. Make any changes you wish by checking or un-checking boxes in the **Select** columns of each section.

If you do NOT wish to enroll you must check the “Declined Coverage” box at the bottom of each section.



Dental		
Plan	Option	Select
Delta Dental	Individual	<input checked="" type="checkbox"/>
	Individual + Adult Dependent	<input type="checkbox"/>
Waived Dental	Declined Coverage	<input type="checkbox"/>

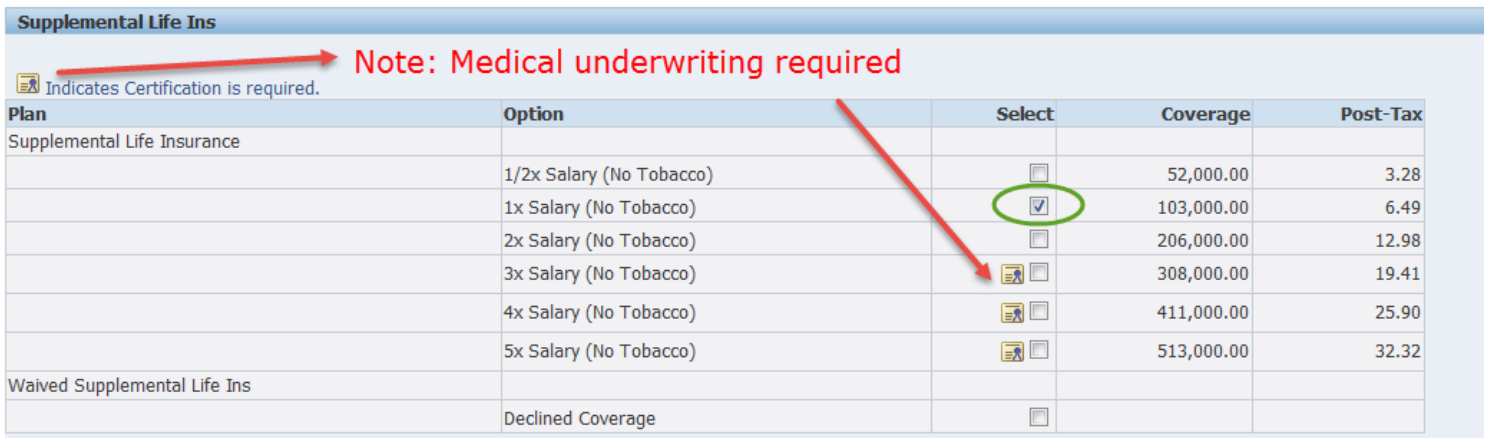
Step 9

Scroll down. Elect to purchase supplemental life insurance for yourself, your spouse and/or your child(ren). You must purchase supplemental life insurance for yourself to elect supplemental life coverage for either your spouse or child(ren).

You may elect supplemental life insurance for your spouse in \$5,000 increments up to \$250,000. The spouse’s insurance amount may not exceed 50% of the employee’s supplemental insurance amount.


Children are covered for \$10,000 up to age 26.

NOTE: If your supplement life election is subject to certification (a.k.a. medical underwriting), payroll deductions for the new election will not be taken until the coverage is approved. Please respond to Aetna if you receive a medical underwriting request.



Supplemental Life Ins				
Plan	Option	Select	Coverage	Post-Tax
Supplemental Life Insurance	1/2x Salary (No Tobacco)	<input type="checkbox"/>	52,000.00	3.28
	1x Salary (No Tobacco)	<input checked="" type="checkbox"/>	103,000.00	6.49
	2x Salary (No Tobacco)	<input type="checkbox"/>	206,000.00	12.98
	3x Salary (No Tobacco)	<input type="checkbox"/>	308,000.00	19.41
	4x Salary (No Tobacco)	<input type="checkbox"/>	411,000.00	25.90
	5x Salary (No Tobacco)	<input type="checkbox"/>	513,000.00	32.32
Waived Supplemental Life Ins	Declined Coverage	<input type="checkbox"/>		

Note: Medical underwriting required

 Indicates Certification is required.

Step 10

Scroll down. To enroll or re-enroll in a flexible spending account, check [Select](#) and enter the **TOTAL FISCAL YEAR AMOUNT** in the “Coverage” field — NOT the amount you wish withheld from your paycheck.

Click on the “[Recalculate](#)” button and the bi-weekly amount that will be withheld from your pay will be listed in the “pre-tax” column. You will also see the bi-weekly amount on the confirmation page at the end of the process.

- ➔ If you are currently enrolled in FSA, you MUST elect a new amount for July 1. In order to enroll in FSA for the upcoming fiscal year, you must check [Select](#) and enter the total FSA amount in the Coverage box. **The limit for Healthcare FSA is \$2,600. The limit for Dependent Care FSA is \$5,000.**
- ➔ The County will reimburse you for Dependent Care FSA amount up to \$500. When you elect your annual Dependent Care FSA amount, enter your total FSA amount (up to \$5,000). For more information on the County’s reimbursement, see the [Dependent Care FSA Benefit FAQs](#).

Plan	Select	Coverage	Pre-Tax
Flex Spending Acct - Healthcare	<input checked="" type="checkbox"/>	1,200.00	46.15
Flex Spending Acct - DependentCare	<input type="checkbox"/>	100.00	3.85

NOTE: The \$100 amount in the Coverage field is the default amount and will show even when the Select boxes are unchecked. You will not be enrolled unless a **Select** box is checked.

Warning: If you click on the “Add Dependents and Beneficiaries” button, the system will take you back to the first screen and you will have to re-elect all of your benefits.

Step 11

The next screen is a landing page. There is nothing to complete on this screen. Click on [Next](#)

Update Benefits: Update Enrollments Additional Data

Name **Alexandria Test**
Event Name **Open Enrollment**

* Indicates required field

Please do not complete any information on this page. Click the 'Next' button to continue.

Step 13

This screen shows a list of your eligible dependents (if any).
Check ALL dependents that you wish to be covered. Click on **Next**.

Dependent Selection
 Please put a check in the box next to each dependent you want covered. [click "Next"](#).

TIP Missing Persons may not be family members or are ineligible.

Medical : Kaiser Permanente Family

Dependent	Relationship	Cover
Spouse Test	Spouse	<input checked="" type="checkbox"/>
Andrea Test	Child	<input checked="" type="checkbox"/>

Dental : Delta Dental Family

Dependent	Relationship	Cover
Spouse Test	Spouse	<input checked="" type="checkbox"/>
Andrea Test	Child	<input checked="" type="checkbox"/>

Add Dependents
 The people listed above are eligible for dependent coverage. Please add process.

Step 14

This screen shows a list of all the contacts you can elect as life insurance beneficiaries. If you elected supplemental life, make sure you scroll down and elect beneficiaries for that coverage too. You do not have to elect the same beneficiaries for Basic and Supplemental Life Insurance.

Note: If you elected Supplemental Life coverage that requires medical underwriting, you will be asked to elect beneficiaries for 2 levels of Supplemental Life: the guaranteed amount and the suspended amount of life insurance coverage awaiting approval. PLEASE elect beneficiaries for both levels.

➔ If you want to designate a Trust or an Organization as your beneficiary, you must submit paperwork to the Benefits Team via email at benefits@arlingtonva.us

If you made changes, click **Recalculate** to ensure your designations are correct. The amounts must equal 100%

Click on **Next** at the bottom of the screen.

Basic Life : Basic Life

Family Members and Others

Beneficiary	Relationship	Primary %	Contingent %	Clear
[Name]	Spouse	<input type="text" value="100"/>	<input type="text" value="0"/>	<input type="button" value="Clear"/>
[Name]	Child	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="button" value="Clear"/>
[Name]	Self	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="button" value="Clear"/>

Organizations

Organization Name	Primary %	Contingent %	Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>
<input type="button" value="Add Another Row"/>			

Primary %	Contingent %
100	100

TIP Total Percentages for the plan must equal 100

Supplemental Life Ins : Supplemental Life Insurance 2x Salary (No Tobacco)

Family Members and Others

Beneficiary	Relationship	Primary %	Contingent %	Clear
[Name]	Spouse	<input type="text" value="100"/>	<input type="text" value="0"/>	<input type="button" value="Clear"/>
[Name]	Child	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="button" value="Clear"/>
[Name]	Self	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="button" value="Clear"/>

Organizations

Organization Name	Primary %	Contingent %	Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>
<input type="button" value="Add Another Row"/>			

Step 15

To determine your payroll deduction add the pre-tax and post-tax amounts at the bottom.

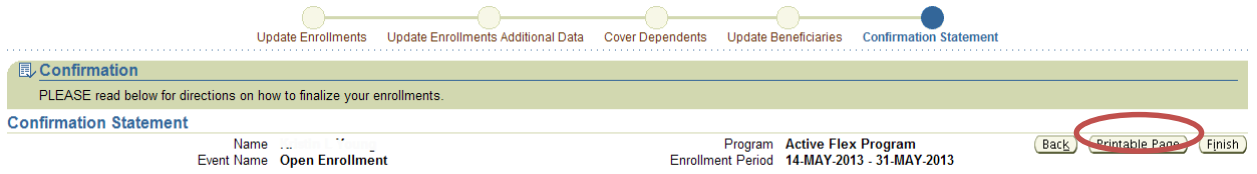
Supplemental Life Insurance – Suspended Amount – this is your supplemental life insurance election for which certification is required (a.k.a. medical underwriting). The amount shown will not be charged until the life insurance coverage is approved.

Benefit Selections						
Plan	Option	Coverage Start Date	Coverage	Pre-tax	Post-tax	
Medical - CIGNA OAP TN Coinsurance	Individual	01-Jul-2014		48.00	0.00	
Dental - Delta Dental	Individual	01-Jul-2008		3.18	0.00	
Vision - Vision		01-Jul-2008		0.00	0.00	
Basic Life - Basic Life		01-Aug-2013	103,000.00	0.00	0.00	
Supplemental Life Ins - Supplemental Life Insurance(Interim)	1x Salary (No Tobacco)	01-Jul-2014	103,000.00	0.00	6.49	
Supplemental Life Ins - Supplemental Life Insurance(<u>Suspended</u>)	3x Salary (No Tobacco)	01-Jul-2014	308,000.00	0.00	19.41	
Retirement Savings Plans - Retirement - Defined Benefits CH46	General	01-Jul-2008		0.00	0.00	
Retirement Savings Plans - Retirement - 401a Employer Contrib	General	01-Jul-2008		0.00	0.00	
Flexible Spending Account - Flex Spending Acct - Healthcare		01-Jul-2014	1,200.00	46.15	0.00	
Payroll deduction until "suspended" life insurance is approved				Total	97.33	6.49

Step 16

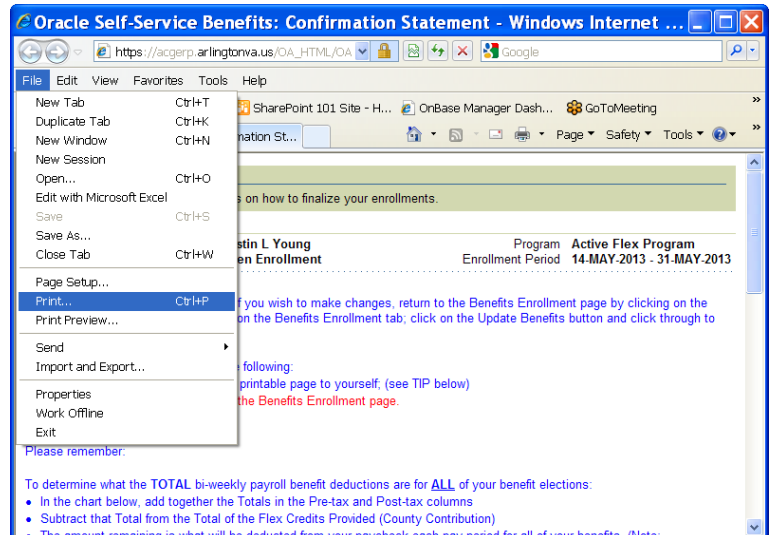
Print the confirmation screen for your records.

Click on [Printable Page](#) and a new window will open for you to print.



Select [File](#) in the upper left corner and select [Print](#) from the drop down menu. Or click on [Send](#) to email the confirmation page to yourself.

After you have printed or emailed the confirmation, click on the "X" in the upper right corner to close this window.



Step 17

Click **Finish** to complete the process. **YOU MUST** click **FINISH** to elect your Benefits.

Update Enrollments Update Enrollments Additional Data Cover Dependents Update Beneficiaries **Confirmation Statement**

Confirmation
PLEASE read below for directions on how to finalize your enrollments.

Confirmation Statement

Name		Program	Active Flex Program	Back	Printable Page	Finish
Event Name	Open Enrollment	Enrollment Period	14-MAY-2013 - 31-MAY-2013			

If you have questions, call the Benefits Team at 703-228-3500, Option 1
or email benefits@arlingtonva.us